



POST TRANSITIONAL MONTHLY PROGRESS REPORT

Purpose: Use this form to document monthly contacts and services with individual clients in the Post-Transition stage.

Directions: This form must be submitted to the DFPS PAL staff within fifteen (15) calendar days following the end of each month of service — whether or not contact has been made. This form must be submitted weekly during the months of September and March by close of business on the Friday following the week of service.

YOUTH INFORMATION		
Youth name:	PID:	Current address: <input type="checkbox"/> Check here if this is a new address
Phone:		Email:

SUMMARY OF CONTACT		
Date:	Type of contact: <input type="checkbox"/> Face to face <input type="checkbox"/> Attempted face to face <input type="checkbox"/> Phone contact <input type="checkbox"/> Attempted phone contact <input type="checkbox"/> Email/text/social media <input type="checkbox"/> Attempted email/text/social media <input type="checkbox"/> Letter mailed <input type="checkbox"/> N/A	Hours:
Service type. If type of contact is "attempted," then service type must be "other": <input type="checkbox"/> Budget/financial mgmt <input type="checkbox"/> Career preparation <input type="checkbox"/> Educational services <input type="checkbox"/> Health/risk prevention <input type="checkbox"/> Healthy support <input type="checkbox"/> Housing education/mgmt <input type="checkbox"/> Post-secondary educational support <input type="checkbox"/> Regional conf/event <input type="checkbox"/> Transitional living allowance <input type="checkbox"/> Other		
Summary of contact: Service type details must support service type selected and summary must include status of Child's Plan goals and needs.		



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Supplement to the Individual Monthly Progress Report Form K-909-5514a attached as applicable:

☐ Yes ☐ No



FINANCIAL EXPENDITURES

Date:	Type of expenditure (rent, drivers ed., educational books/supplies, household supplies, etc.):	Amount:

Billed As:

☐ 20H (Educational/Vocational Services) ☐ 20I (PAL Aux. Services) ☐ 20J (ACRB) ☐ In-kind donations

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PERSON COMPLETING THE REPORT

Case manager signature:

X

Printed name:

Date:

Check one:

☐ Delivered ☐ Mailed ☐ Emailed

Date sent to PAL staff